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| Sponsor: _____ | | Operating and Financial Summary | |
| Name of Airport: _____ | | | |
| Fiscal Year Ended: _____ | | | |
| Operating Revenue | | Operating Expenses | |
| Aeronautical Operating Revenue | | 1. Personnel Compensation and Benefits | |
| 1. Landing Fees | | 2. Communications and Utilities | |
| 2. Terminal/international arrival area rental or other charge | | 3. Supplies, Materials, Repairs, Maintenance | |
| 3. Apron charges/tiedowns | | 4. Services (1) | |
| 4. Fuel flowage fees | | 5. Insurance and Claims | |
| 5. Utilities | | 6. Government in lieu, permit, impact fees, etc. | |
| 6. FBO revenue: contract or sponsor-operated | | 7. Misc. (Should not exceed 5% of total op expenses) | |
| 7. Cargo and hangar rentals | | 8. Other (Enter total here and add attachment) | |
| 8. Security Reimbursement | | | |
| 9. Misc. (Should not exceed 5% of total aeronautical) | | <u>Total Operating Expenses</u> | |
| 10. Other (Enter total here and add attachment) | | | |
| Total Aeronautical Operating Revenue | | Non-Operating Expense and Other Fund Use | |
| Non-Aeronautical Operating Revenue | | 1. Debt Service Payments Net of Capitalized Interest | |
| 1. Rent/land rental | | 2. Transfers to Reserves | |
| 2. Concessions | | a. | |
| 3. Parking | | b. | |
| 4. Rental Cars | | Total Transfers to Reserves | |
| 5. In-flight Catering | | | |
| 6. Interest Income | | 3. Capital Expenditures | |
| 7. Royalties from natural resource sales | | a. | |
| 8. Misc. (Should not exceed 5% of total nonaeronautical) | | b. | |
| 9. Other (Enter total here and add attachment) | | Total Capital Expenditures | |
| Total Non-Aeronautical Operating Revenue | | 4. Other Non-Operating Expenses and Fund Uses | |
| Total Operating Revenue | | a. | |
| | | b. | |
| | | Total Other Non-Operating Expenses and Fund Uses | |
| Non-Operating Revenue and Other Receipts | | Total Non-Op Exps and Other Fund Uses | |
| 1. Bond Proceeds | | | |
| 2. Proceeds from sale of property not subject to Federal obligations | | Total Expenses and Fund Uses | |
| 3. Proceeds from sale of property subject to SPA/grant obligations | | | |
| 4. Grant payments | | REVENUE SURPLUS (LOSS) | |
| 5. Passenger Facility Charges | | | |
| 6. Other (Enter total here and add attachment) | | | |
| Total Non-Operating Rev. and Other Receipts | | Guidance used for accounting (check one or more) | |
| Total Revenue and Other Receipts | | GAAP: _____ OMB Circular A-87 _____ | |
| | | (1) Services includes fees for other governmental | |
| | | services not included in other categories | |
| In compliance with section 47107(a) of the Title 49 United States Code and section 111(b) of the Federal Aviation Administration Authorization Act of 1994. | | I certify that the information on this form is true and accurate to the best of my knowledge and belief. | |
| Please complete this form in order assist the public in understanding airport finances and the use of airport generated revenue. | | | |
| | | Authorized Representative | |
| | | Date | |
| | | Title | |
| FAA Form 5100-125 (xx) | | | |
| AGENCY DISPLAY OF ESTIMATED BURDEN. | | | |
| The FAA estimates that the average burden for this report form is 5 hours per response. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Program Support Branch, ARP-11, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB Number 2120-0557 . | | | |